Inequity in Child Health: *Addressing the inverse care law – be part of the solution not the problem*

RACP Congress May 2018

Professor Sharon Goldfeld
Deputy Director, Centre for Community Child Health, Royal Children’s Hospital
Group Leader, Policy, Equity and Translation, Murdoch Childrens Research Institute
NHMRC Career Development Research Fellow
sharon.goldfeld@rch.org.au
“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”

(Stanley, Richardson & Prior, 2005)
Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically, or geographically.

International Society for Equity in Health [http://www.iseqh.org]

Geographic inequities: What is it about where you live that makes a difference to child health and development?
Percentage of children developmentally vulnerable on one or more domains
Service inequities:
What is about the services we provide that make a difference to child health and development?
### Medicare spending

**Shares of the Medicare spending by income quintile, birth to 11 years of age**

<table>
<thead>
<tr>
<th>Income quintile</th>
<th>Total spending</th>
<th>GP</th>
<th>Specialist</th>
<th>Imaging &amp; pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>18%</td>
<td>20%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Second</td>
<td>19%</td>
<td>19%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Third</td>
<td>20%</td>
<td>20%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Fourth</td>
<td>21%</td>
<td>21%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Highest</td>
<td>22%</td>
<td>20%</td>
<td>26%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Data source: LSAC  
Dalziel et al, Soc Sci and Medicine, in press
Equality of outcome in early childhood is possible in Australia....
Two-year-old children on the ACIR who are fully immunised, by selected population groups, 2011

Source:
A Picture of Australia’s Children 2012
Australian Childhood Immunisation Register
Many things we need can wait, the child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.

Gabriela Mistral
(1889-1957)
Addressing the inverse care law – be part of the solution not the problem

- Ms Megan Mitchell – Australian National Children’s Commissioner
- Associate Professor Elisabeth Murphy - Child and Family Health, NSW Ministry of Health.
- Associate Professor Karen Zwi - Sydney Children’s Hospital (SCH)
- Associate Professor Michael Fasher - General Practitioner
- Associate Professor Sue Woolfenden – Sydney Children’s Hospital Network
Inequities in Child Health Position Statement

Inequities in Child Health

Position Statement
May 2018
Working group

- Professor Sharon Goldfeld (co-chair)
- Associate Professor Susan Woolfenden (co-chair)
- Professor Innes Asher
- Dr Paul Bauert
- Dr Danny De Lore
- Professor Elizabeth Elliot
- Adjunct Clinical Associate Professor Bret Hart
- Dr Victoria Matheson
- Professor Victor Nossar
- Dr Robert Roseby
- Professor Andrew Scott